## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

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08/11/2008

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> (Depositor's name (Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,343	12/22/2005	Udo Krupka	05552.1464	5936

TITLE OF INVENTION: NOVEL SURFACE PROTEIN (HBSAG) VARIANT OF THE HEPATITIS B VIRUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/12/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HURT, SHARON L		1648	424-227100				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).     Change of correspondence address (or Change of Correspondence Address form PTO/SE2) attached.     Tee Address' sinication or "Fee Address" Indication form PTO/SE47; Rev 0.9-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 Farabow	1 Finnegan, Henderson, 2 Farabow, Garrett & 3 Dunner, L.L.P.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE Dade Behring Marburg GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY) Marburg, Germany

Please check the appropriate assignce category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

X Issue Fee

A check is enclosed. Publication Fee (No small entity discount permitted)

☐ Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trade

Authorized Signature Bebecca M. moneill Registration No. 43,796

Typed or printed name Rebecca McNeill

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